

School-based Child & Family Support Team Initiative (CFST) Staff Hire / Vacancy Notification and Duke CFST Case Management System Access Request Form

Instructions: Complete this form any time there is a new nurse/social worker hire or vacancy in a CFST school; or whenever access to the CFST Case Management System is being requested or changed for any reason. The form can be saved and sent as an e-mail attachment or faxed to the CFST State Office. See contact information listed at the bottom of this form

COMPLETE ONLY THE SECTIONS WHICH RELATE TO THE SPECIFIC SITUATION BEING REPORTED.

Section A: Complete for all Notifications

1. LEA Name: _____
2. CFST LEA Coordinator's Name: _____
3. CFST LEA Coordinator's Phone #: _____
4. E-mail Address: _____

Section B- Complete within 1 Week of a Position being HIRED or a Change in Access to the Case Management System Being Needed

1. Person's full name: _____
2. Person's business e-mail address: _____
3. Phone #: _____
4. Person's position in the school system?: ☐ School Nurse ☐ School Social Worker ☐ Principal
☐ Assistant Principal ☐ LEA Coordinator ☐ Superintendent ☐ Other Central Office Staff Member
 - If a nurse, is he/she a *nationally certified school nurse*? ☐ Yes*** ☐ No
 - If "Yes***", Certification #. _____ Effective Date _____ Expiration Date _____
 - If a social worker, is he/she a *NC licensed school social worker*? ☐ Yes*** ☐ No
 - If "Yes***", Certification #. _____ Effective Date _____ Expiration Date _____

*****If "Yes", a Copy of the Person's National School Nurse Certification Certificate or NC School Social Worker License Must Be Submitted as an Attachment to this Form**

5. Nurse's or social worker's highest level of education?: ☐ ADN ☐ Diploma ☐ BA/BS ☐ Masters or Higher
6. Name of the school this person will be assigned to: _____
7. How many months per year will this nurse or social worker work? ☐ 10 ☐ 11 ☐ 12
8. Is this nurse or social worker a new hire to the LEA? ☐ Yes ☐ No Effective Hire Date: _____

9. Is this nurse or social worker transferring from an existing school nurse/social worker position into a position in the CFST? ☐ Yes ☐ No Effective Transfer Date: _____
10. What level of access to the CFST Case Management System is being requested?
- ☐ 1 – Nurse/Social worker system user data entry ☐ 2 – Reports viewing only ☐ 3 – Other (Combination)
- ☐ Request is to have access terminated Request Effective Date: _____
11. Has a "Confidentiality Agreement" been signed? ☐ Yes+++ ☐ No
- +++If "Yes", a copy of the "Confidentiality Agreement" Must Be Submitted as an Attachment to this Form**

Section C - Complete within 1 Week of a Position being VACATED

1. Person's full name: _____ 2. Date position will be vacated: _____
3. Name of the school this person will be leaving: _____
4. Person's position in the school system? _____
5. What are the initial plans to recruit / rehire for this position? _____

Send completed form and all required attachments to Cathy Daniels at Cathy.Daniels@dhhs.nc.gov or fax to 919-870-4828.